7887 GRAVES DETACHMENT

343 unk H. avald 1-1115 mg

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN I-1115 St Avold

(POC) ST LAURENT

REFORT OF LIVESTIGATION AREA SEARCH

							<u> </u>	Date	1 1940
nal.	S . II	wkwow X-111	5 R	ANK	UNIZIOW	î.	_asn	Uniano.	* <u>L</u> :
		ATION	UNICIO	VIN			-		
		F IDENTIFICATION			a CUA	TTACHEL	ir Irm	l3	
Lander	.,		,	134 444 444			<u> </u>	•	
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	34		+1-4-15						
		atements above clerical staff					on III	ar proces	ssing,
SEC	TION	A GENERAL (To	be compl	eted b	y invest	tigators	in all	cases)	
1.		positive identestigation?						the surf	ace
	a. ·	NAI-E	<u></u>	RAN	K	· · · · · · · · · · · · · · · · · · ·		ASN	
	b .	ORGANIZATION_					· ·		
2.		partial identifacts as to w						_If so, st	ate
	a.	NALE		RAïI	K		<i>:</i>	ASN	· · · · · · · · · · · · · · · · · · ·
	ъ.	ORGANIZATION							
3.	NAL.	es of other dec	DĒASED BUR	IED IN	ILMEDI.	ME VICI	: ITY		
	ONE	AMERICAN * BR	LIEVED TO	BE CHA	RLES TA	COMINI	360 16		
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5.		e and type of d litary or Civil		1.0	CLATED	CHCAVE			
5.	Lap	Coordinates of	the Ceme	tery				 	·-·-
	a.	Town			Country_				
7.		e exact location							
•		Section					Gr	ave	
		Is sketch atta							·
,									
٥.		remains are not	: located	ın a c	emetery, 1	MAP OF	EEROPE	1-20000	O Sheet
	8	Town AMANVE							
		Is sketch atte			<u> </u>				
	c.	Ir- wron mine	19	MINES	<u>न</u> स				
9.	Ho	w is the grave	marked?	UNMARI	CIET				

	If grave is marked with orc
р	From what source was this info: (Identification tags, person.)
b	. By whom?
W (here are the cemetery records? NONE Town hall, cemetery, burgermeister's office)
2	. What information was obtained thereon?
	. Where was the information obtained?
	• By whom?
	hat is the date of death? UNKNOWN
	. Give basis
	hat is the cause of death? UNKNOWN
	. Give basis
	hat is the date of burial? UNKNOWN
	. Give basis
	that is the place of death? AMANVILLERS(MOSELLE) FRA NCE U-760652
8	. Give basis STATEMENTS ATTACHED
Ð	here were the remains found AMANVILLERS (MOSELLE) FECOORDS 11-760652 By whom? M. A. BINEAUDE, SUPT. MINE REMOVAL TRAM, METZ, FRANCE Is sketch attached? YES
•	as a casket used? NO Who furnished the casket?
	Type of casket How marked?
	ho made the burial? UNKNOWN (Civilian, American Lil or German Lil)
a	(Civilian, American Lil or German Lil) . What are the names and addresses?
ъ	. Are certificates and statements attached?
	N B - AIR CORFS DECEASED (To be completed only if deceased is believed
	to be a member of the AAF).
W	to be a member of the AAF).
W	to be a member of the AAF). ere remains found in the plane wreckage?
. W	to be a member of the AAF). ere remains found in the plane wreckage? . Give location in plane from which the bedies were removed
w a b	to be a member of the AAF). ere remains found in the plane wreckage? Give location in plane from which the bedies were removed (Tail gunner, pilot, radio turret, etc., or front, side, of plane)
w a b	to be a member of the AAF). ere remains found in the plane wreckage? . Give location in plane from which the bedies were removed (Tail gunner, pilot, radio turret, etc., or front, side, of plane) . Hear wreckage? cene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom)

2 2 2	o. Give num res on rotors, machine guns instruments, radios or other gaipment:
21.	
	Enemy planes? Collision?
22.	Did plane explode in the air? On the ground?
23.	Did plane burn in the air?On the ground?
24.	What was the direction of the flight?
25.	What was the civilian opinion regarding the destination of
	the plane?
26.	Had bombs been released prior to the crash?
27.	Does specific time and date of crash correspond with the date of death of above named deceased?
28.	Number of planes in formation prior to crash
29.	State precise time and date of plane crash (Night?, Day?)
30.	Were parachutists seen? How many? Escaped?
	Prisoners?
SECT	ION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).
31.	Were remains found in wreckage of a tank?
	a. Give specific position in tank from which deceased was
	removed (Radio man, driver, asst driver orfront, side, or back)
	b. Near wreckage?
32.	Location of destroyed tank be investigated. Give complete results of investigation. (If removed, state when and by whom)
	a. Type of tank
	b. Markings and/or name of tank
	e. Numbers on motors, machine guns, annunition, instruments,
	etc
33.	What was the type of enemy action that resulted in the tank's disablement?
34.	Did tank explode? Burn?
35.	Number of tanks in immediate vicinity at time of disablement
36.	Does spec ific time and date of disablement correspond with date of death of above named deceased?
37.	Precise time and date of destruction of tank
- / ▼	·(Night?, Day?)
38.	Did any of the crew members escape? Prisoners

SECT	TION D - OTHER BRANCH (To be filled out if B & C are not applicable)
39.	Did death occur from any other means? (i.e., truck, jeep, mines, drowing, or small arms fire) UNKNOWN
	If so, give complete and thorough results of the investigation!s
	interrogation. a. Are all certificates and statements of people who possessed knowledge of the case attached?
40.	State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased
	NONE
SECT	ION E - GENERAL (To be completed by investigation in all cases)
41.	Were personal effects recovered by the investigating team NO
•	If not, state reason NONE AVAILABLE
•	a. Were identification tags found at the time of death? UNKNOWN
	Where?By whom?
	Present disposition UNKNOWN
	If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation abandoned.
•	b. Were personal effects found at the time of death? UNKNOWN
	Where? By whom?
	Present disposition UNKNOWN
	c. Was deceased identified by living members of the crew at the time of death? UNKNOWN
	d. Did Cemetery register or cross indicate the immunization shot? NO
42.	Was deceased given first aid? INKNOWN If so, where?
	By whom?Are statements from the medical people
	attached?
43	Was deceased evacuated to a German hospital? NO
	Where? Names of the people concerned
44.	Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? NO
45.	Is it possible on surface investigation to obtain from civilian sources the condition of the remains? NO (Eurnt? Decapitated? etc.)
46.	Do facts surrounding death show any evidence that it might be an atrocity case? NO
	a. If so, give basis for positive assumption
	b. If so, has higher headquarters been notified?
47.	Was case previously investigated? NO By whom?
, , , ,	When?

and the state of t

	interviewed M. A. BINEAUDE, METZ (MOSELLE) FRANCE: M. JEAN KIRETT, METZ (MOSELLE) FRANCE: M. A. MASSON, AMANVILLERS (MOSELLE), FRANCE:							
	M. E. FLACRY (MAYOR), AMANVILLERS (MOSELLE), FRANCE							
	Are all positive statements regarding identification and particulars surrounding death attached TES							
50.	Has any information been given concerning isolated burials in the area outside the immediate vicinity? NO							
51.	Was investigation proceded by advanced publicity? YES							
	(If special investigation, give case number)							
52.	Give brief narrative SEE ATTACHED STATEMENTS							
	(Use attached shoots, if necessary)							
	Dome 1							

ARMA NVILLERS 23-3-46

Par le presente Mons. BINEAUDE certifie avoir trouve dans un champs de mines, situe a AMANVILLERS, 2 corps de soldat Americains.

Fact a Amanvillers

21-3-46

BINEAUDE

I, the undersigned certify that I located in a minefield in AMANVILLERS two American bodies.

(Signed) BINEAUDE

CERTIFIED A

TRUE COPY

HE MEZZBOWER 2nd II. INF.

AMERICAN RED CROSS

Timanor Cles 21-3-46.

The te present the Renaeude
certific aven touré dans un
chamb de mines, situé e

Timanor Cles, d'ears de soldats.

Americains

Vaita Emannillers. L. 21-5-46

Huna ou da

Amanuellers 21-3-46 I the undersigned certify that I two american boblies (Signed) Bineaude

and the second of the second

Pro la presenta Essa. E I N E A U D E certifia oprir trans date un compu do migas, tivo e ALASVIIII. I como do seidas Assriasias.

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(Mignou) Milleria

a a santa manana a santa an anan-

3049th GRAVES REGISTRATION COMPANY FIRST MOBILE BIVOUAG UNIT

SUBJECT: Narrative report on an isolated grave.

On the 21 March 1946 while in the commune of Amanvillers Mr. A. Bineaude of Metz, in charge of a mine removal team, told us he located awo isolated graves in a nearby field. He took us to the fieldand we found one of the graves was one of the graves we had prevously located and reported on our area search certificate for St. Ail. The other about 1000 yards away was a shallow grave and is in the commune of Amanvillers. The grave appears to have two bodies from the amount of equiptment around. On one first aid packetis the name G. Landen 42064078.

Nothing is known about when and where by whom the graves were made as the village was evacuated during the battle and the area was heavly mined.

A true copy

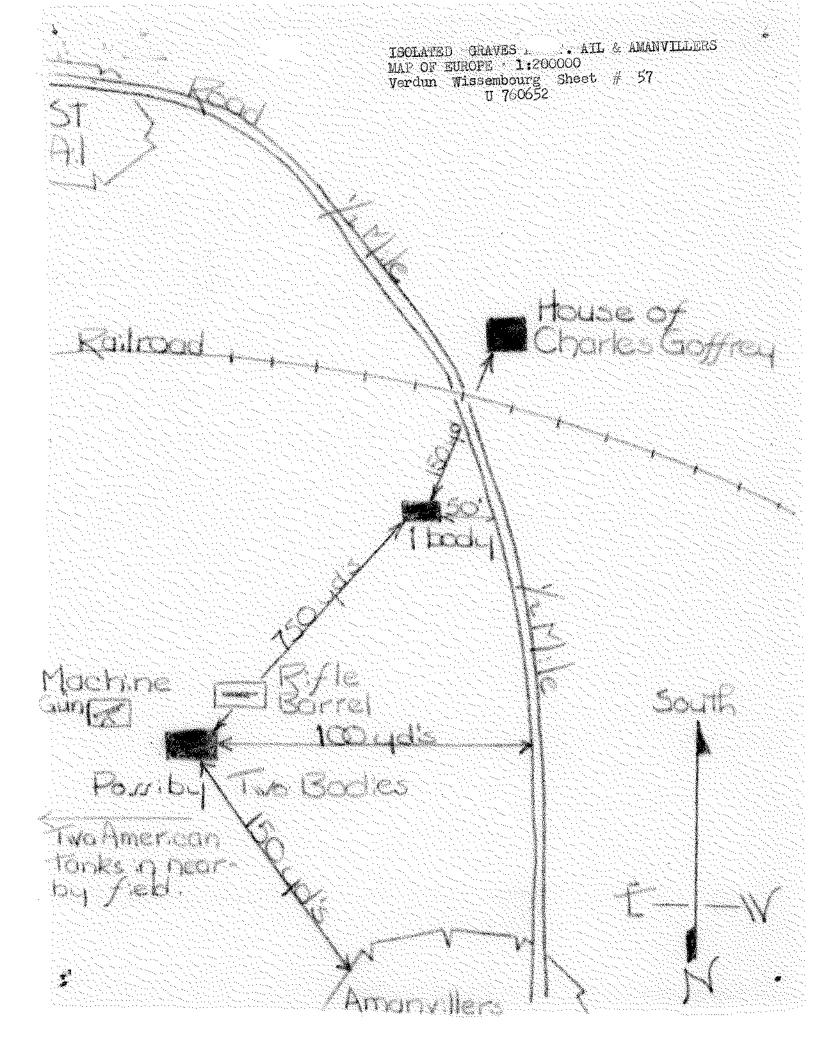
Ralph W. Sleater

Major Inf.

Third Field Command (ACRC)

Y.C. CHEELY Cpl. 3049th G.R. Co.

Toland March I. 12. Alan Tillian S. 1. 12. Alan Tillian S. 12. Alan Tillian Tillian S. 12. Alan Tillian S. 12. Alan Tillian Tillian Tillian Tillian Tillian Tillian Till Machine 1.111 I Was to the same TOWNS OF THE ST 13.4 / LEN



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SUBJECT: Narrative report on an isolated grave.

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was heavly mined.

A true copy

Ralph W. Sleater

Major Inf.

Third Field Command (AGRC)

Y.C. CHEELY Cpl. 3049th G.R. Co.

O

CHECK LIST OF UNKNOWNS

AGRC FORM No. 11 Revised 5 January 1946

(to be completely filled out and attached to each copy of Report of Interment WD QMC Form 1042)

	Unknown X 1115
	Cemetery St. Avold Plot pp Row 10 Grave 120
1. Arrived at cemetery 1100 HOURS 28 MARCH 194	6 Ce <u>v-</u> 760652
2. Place of death AMANVILLERS (MOSELLE), FRAN	
MAP OF EUROPE 1:200,000: SHEET 57: VERDIN-	WISSENBOURD
(Sheet, scale and PVT. DULE	Y E. MOSHER, 3049 QM G. R. C.
4. Evacuated to Cemetery by 3049 QM GRAVES REG	ISTRATION CO., 1st MBU (name and organization)
surements).	Clothing Indicate unusual markings Markings Sizes Color wear, tear, repairs, etc.
ltem	. The second
*Headgear (type)	The state of the s
Raincoat	
Overcoat	TITD (PIECES ONLY - DISINTEGRATED)
Jacket, Field	
Jacket, CombatN	
Mackinaw N	
Sweater	
Jacket, HBT	
*Shirt, Wool OD	
Undershirt, Wool	TD (PIECES ONLY - DISINTEGRATED)
Undershirt, Cotton	
Trousers HBT	
*Trousers, Wool OD	

Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Leggins, Wool		(Note	unusual lacing)	
Socks, Cotton	· 			-
'Shoes (type)	N			
Overshoes	ĸ'			
Web Equipment (7) ype)			
(Other item)	N 			
'			and the second s	
•	ese items shoul	Id be computed by measuri	ng the remains.	
	"	/type & location : shirt, jacket, coaf. h	nelmet)	
Shoulder Patch				
Does clothing indicate tha	t deceased was	s a member of the Air, G	ound or Naval Forces	
GR	OUND FORCE			
Description of Remains :				
Age UTD Height UTD	Weigh ŲT D	Description of wounds.	UTD	
Bandages or dressings	UTD	Scars	UTD	
υ		Tattoos		
Outstanding miles, warts		UTD	description, location)	. ,
		TRIFTS	·	
Complexion	UT (1	light, med. dark, closer, pimples, pock	s, freekles)	
Complexion Build	(1	light, med. dark, closr, pimples, pock UTD	s, freehles)	
	Drawers, Wool Drawers, Cotton Leggins, Wool Socks, Cotton Checks, Cotton Checks, Cotton Cher item) Cother item Coth	Drawers, Wool Drawers, Cotton Leggins, Wool Socks, Cotton Shoes (type) N Overshoes Web Equipment (Type) N Other item) The body is nude, sizes of these items shou Chevrons or Insignia Shoulder Patch Does clothing indicate that deceased was GROUND FORCE Description of Remains: Age UTD Height UTD Weigh UTD N Outstanding miles, warts or birthmarks	Drawers, Wool Drawers, Cotton Leggins, Wool N Chocks, Cotton N Overshoes N Other item) Other item) Other item) If body is nude, sizes of these items should be computed by measuri Chevrons or Insignia (type & location : shirt, jacket, coat, h Other leght Does clothing indicate that deceased was a member of the Air, Gr GROUND FORCE Description of Remains: Age UTD Height UTD Weigh TD Description of wounds. Bandages or dressings UTD Tattoos (Numb.r, location - illustrate on sep, page) Outstanding miles, warts or birthmarks UTD (yes-not)	Insignia (type & location : shirt, jacket, coat, helmet) Shoulder Patch Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces GROUND FORCE Description of Remains: Age UTD Height UTD WeighUTD Description of wounds Bandages or dressings UTD Scars (length, width, location) UTD Tattoos (Numb. r, location — illustrate on sep, page) Outstanding miles, warts or birthmarks (yes-no: description, location)

Hair	UTD				·	
	(baldness,	widows peak, dist	tinctive cutting or other c	haracteristica),		
Sideburns	UTD	Mustache	UT U		Board or	UTD
oluedurns	(color, setting, shape)	MI HARRELIO	(color, size, si	hape)		(length, heav
	UTD					
ioatee	(light, color, extent)				,	
	מוווו	. 17	1	UTD		
Eyes	UTD (color, setting, shape)		prows		iness, extent across n	0 6 ¢)
	UTD			UTD		
Nose	(size, shape, straight)	Lar.	S	ize, set close t	o or far from head)	
	**************************************			UTD		
douth	UTD (large, medium, small)	Lip	s	and the contract	large, fuli)	
A177 3	Y THREE (3) TEETH LEFT	עלים כו בוחודעו	ATMS _ WHITH	TWO (2) EXTRACTED)
reeth UNL	Mark New Median control of the contr		ing, noticeable crowns, fi			
	(write) are	e, mirremens, apme	mg, Montenan manner i		•	
Chin	UTD	. ,			,	h 71 11
		(prominent, reced	ling, pointed, dimple, dou		- TAY OF THE	
aw	UTD	Circumferenc	e of head in inc	hes 2	3 INCHES	
	(large, small, normal)				(hat band)
Neck	מדט		Larynx	U	TD	
100H	(size, length, short, normal, write				(prominent, normal)	
Shoulders	UTD		Arms U	CD C		
)IIOuluci 8	(broad, straight, smail, rou	aded)		(len	gth, muscular, color	•
	u t d -					
	(extent and quantity of bair)		••••••			
	UTD					
Hands	UTU			••••		
	UTD					
ingers	(short, the	ick, long, slender,	, size of knuckles, missing	fingers or joi	nis)	
	UTD			•		
······································		(Unusual characte	eristics of fingernails)			
Chest	UTD	nles, color, quanti	ty & extent of hair, large	o, email norms		rı · ı ı ı ı ı ı ı ı ı - ı · · · ı · · · ·
			., .			
Back	UT) (quantity & extent of bair)	<u>}</u>	aist		/ L. appendectomy, am	
	(dospertia or extent or bree.)					·
	populari i i i i i i i i i i i i i i i i i i	UTD	Circumcision		Pubic hair	
	(quantity & color of bair)			(yes-no)		(color)
Herniaplasty	UTD					
riei mahinari	(yes-no; location)					
r	UTD	•	NICTOR 1 1-1-1-1-1-1			
Legs			owed, normal, quantity,			

	•		-		
•		•			
				t	

Feet	UTD	Toes	utd
	(size, corgs, callouses, flat)	TOO INDIVIDUAL	(slender, straight, crooked, overlap)
Evidence	of healed factures	UTD	
			arms, legs, etc.)
Black ou	t parts of body not received	at cemetery :	
	•	•	
			· Signal of
	TRUNK AND LIMB BONES	大元 公	') , `>
	incolplete	(45.4)	9,
			13
			200
Have fin	gerprints been placed on Re	port of Interment	NO (Yes-no)
	TO A MORE CO. AND COMP	north transfer of the Allendard	Get no.
If not, e	xplainBODY COMPL	WINDLY DECOMPOSED	
		_	
Has toot	h chart been prepared	YES	not, explain
		(yea-no)	
			FAID PACKET BURIED IN SHALL
enve.	lope attached. One pi	ece of the field ja	acket seems to have some some
_	rk in red and is also	enclosed for examination	nation. SEE STATEMENT ATTAC
of max			
	that I have personally view	ed the remains of subject	et deceased and all reculting inform
I certify	that I have personally view en recorded to the best of n		ct deceased and all resulting inform
I certify			ct deceased and all resulting inform
I certify			
I certify			
I certify		ny knowledge.	
I certify		ny knowledge.	Howard E Medicar Officer's Name WARD E. METZBOWER
I certify		ny knowledge.	Howard & Methour
I certify		ny knowledge. HO	WARD E. METZBOWER Rank Service
I certify		ny knowledge. HO	d LT., INF

-- 4 ---

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
.H.Q. COM. ZONE, ETOUSA

TOOTH CHART

28 MARCH 1946 Date UNK UNK UNKNOWN X-1115 Serial No. EST. NOV. UNK (MOSELLE), Cause of Death Place of Death Left Right 8 7 Side views UPPER TOP LOWER VIEWS Side Views 16 15 10 9 9 10 , 16 15

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Signature of Officer or other person who prepared Tooth chart

HOWARD E. METZBOWER, 2nd Lt., INF

MICCINIC PITCOTT	T
MISSING TEETH . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:	
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:	
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	
FILLINGS Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:	Gold filling Silver filling
CARIES (CAVITIES). Outline location and size of cavity, shade in thus:	Cavity Pecayed DODDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD

DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

J5

QMC FORM REV 15 MAR 46 1194

11 650 3

RECORD OF CUSTODIAL TRANSFER

	1,	SHIPPED		
USMC ST AVOLD, FRANCE		·	e, belgium	***
KIND ONCOMENANCE		NAME OF COMPOTER	E CARCOLL	
TRUCK		CPL JOHN A MOU	NT FOR D 39107628	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER		DATE
Mysagran			Service of the servic	
FRANK E CALLAGRAN IST LE FA	28 0g1	- 49	1800 F	<u>, </u>
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green on the second of the second			· · · · · · · · · · · · · · · · · · ·	•
KIND OF CONVEYANCE		NAME OF CONVOYER	<u> </u>	
•		Total Of Contoner		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	1	DATE
			·	
	3.	SHIPPED	18.99	<u> </u>
FROM		το	, and 14	····
			ar a construction	
KIND OF CONVEYANCE		NAME OF CONVOYER	7. (B) (B) (B)	
		¥;		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER		DATE
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		NAME OF CONVOYER		
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		SIGNATURE OF RECEIVER		DATE
<u>, , , , , , , , , , , , , , , , , , , </u>				
	5.	SHIPPED		
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(TA ARTHHUSTIATIVE ORDED)				
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		Total Controller		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	100000000000000000000000000000000000000	DATE 313
		†		1
	7.	SHIPPEO STATE		
FROM		TO		
KIND OF CONVEYANCE		NAME OF CONVOYER		•
SIGNATURE OF CHIPPER	I		·	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER		DATE
A Secretary of the second	:			
				
	:		mark.	

QMGMT 314.6

1st Ind

9

ORS European

(St. Avold) France

SUBJECT:

Certificates of Unidentifiability of Remains

Transmittal Letter #4671

Dept. of the Army, OQMC, Washington 25, D. C., 7 February 1950

Chief, Registration Division, 7887 Graves Registration Detachment, APO 58, c/o Postmaster, New York, New York

This Office approves the classification of the Unknowns listed on basic communication as Unidentifiable with the exception of Unknown X-6010, which was suspended to your headquarters by radio 2 February 1950.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ Lt. Colonel, QMC Memorial Division

Holden: cam Clements REB

JMN/

TEC

HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 US ARMY

	unk France	· c /-/1/5	/11.
SUBJECT:	Unidentifiable Remains	•	
TO:	The Quartermaster General Memorial Division Washington 25, D. C.		
	1. The records pertaining to	Unknown X-1115 , P.	
	, Grave 120 , USMC St Avo		have been
reviewed	and it is the opinion of this	office that insuffici	ent evidenc
is avail	able to establish the identity	of this deceased, and	that these
	should be classified as uniden		
	2. Report of Reprocessing w		ffice by
letter o	f transmittal No. 2648 , dat		No
	information is available.		
	FOR THE COUPLANDING GAMERAL:		
		/s/	
Ca	se reviewed by undersigned Memb	ers of the Board of R	eview:
Capt. Ed	ward F. PRICE, JR., 0-1588236	Эмс	
Lt. Col.	, E. D. MULVANITY, 0-359598 Q	10	
CWO Leod	ore GOUDREAU, W-2113434, USA		
		henceard 31 A & 6	ogus
		mation presently	

available

HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 U S ARMY

RRE 293

30 December 1949 (Date)

TT 12. ** 4 7 1 1

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 1115, Plot PP

Row <u>10</u> , Grave <u>120</u> , USM	ST. AVOLD, France
	pinion of the Board of Review, this
	dence is not available to establish erned, therefore, these remains should
be classified as unidentifiable.	rned, therefore, these remains should
oo orangarrou an antiquiori garee.	
	of remains was forwarded to the Office
	ransmittal Letter No. 2648 , dated
6-2-48	
3. Remarks:	
J. Institut No.	
	a. het Idontifiable from
See Case History attacks	d. het kontifishie e. OOMG
	information presently
•	available
·	•
Case reviewed by undersigned	Members of the Board of Review:
	7
	Q VI melvanty
Col. H. P. Hinry, D-12589	Lt. Col. E. D. MULVANITY, 0-35959
	. 0
Maj. Charles RAYNOLDS, 0-182639 TC	Maj. Gerald SWARTHOUT, Sr., 0-267451 CE
()	
Quand House	
Cant. Edward F. PRICA Jr. 0-1588236 JMC	Ist It. Frederick S. DAVID, 0-1826041 CAV
1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the result of the table of the result of
	
CWO Frank GLER, W-2102925 USA	Capt. Jack C. HAYES, 0-1577297
	Capt. Jack C. HATES, 0-1577297 MC
	Bush
Inel#2	OWO Leodone COUDTWATE W 021-1-2
V	CWO Leodore GOUDREAU, W-2113434, USA

UNKNOWN NO. X-1115

U.S. MILITARY CEMETERY St Avold, France
(Location)

Unknown X-1115 was recovered from an isolated grave in the vicinity of Amanvillers, (Moselle) France. Date of death is estimated as November 1944. Cause of death is unknown, however as the area from where this remains was recovered is heavily mined, it is possible that a entire explosion is the cause of death. This is borne out by the condition of the remains as shown on the skeletal chart.

No casualty could be found with the name G.LAMDEN, 4206407% found on a first aid kit pouch with the remains. The area search reference to CHARLES IACOMINI, 36016801 is also negative as that decedent has been returned to the US. All other casualties in the area have also been checked with negative results. Condition of the teeth make identification of this remains as the teeth make impossible.

For the above reasons X-1115 is declared UNIDENTIFIABLE.



HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 US ARMY

RRE 200.2 - Unknowns X-1115 & X-1117 (St Avold)

23 January 1950

1115 St. avoi

SUBJECT: Area Investigation Search Reports

Washington 25. D. C.

ATTENTION: Memorial Division

Reference is made to radio, your office, WCL 33437 dated 18 January 1950.

Inclosed herewith for your information are copies of Area Investigation Search Reports for Unknowns X-1115 and X-1117, USMC St. Avold, France.

FOR THE COMMANDING OFFICER:

2 Incls 1.AGRC Form #10 for X-1115 " X-1117 GAYLORD E. LUTZ lst Lt, QMC

Assistant Adjutant

Inclo. 11/2 & filed 211 fackers, SA At. 131

193 unk Trance X-1117 (St. avold)

1.1115 Xx. av

C

12 42 1950 JUL **23** -0. Q. M. o. TEL & CAB SECT FUE 15 PWE RR HEPC DE UFPOC Ø7 R 231020Z FM REG DIV PARIS FRANCE TO OQMG WASHDC GRAVES GRNC REF AGRC ONE FOUR FOUR PASS TO MEMORIAL DIVISION SEVEN AREA SEARCH INVESTIGATION REPORTS FOR XRAY ONE ONE ONE FIVE AND XRAY ONE ONE SEVEN ST THE MUARY PD SIGNED HENRY CITE AGRRE BEING DISPATCHED TWEN

eys and France X-1115 Strawold CHIMP REGISTRATION DIV 7807 GRAZA DAY DEFERRED PARIS FRANCE wel 33437 PROM QUART ROST AREA INVESTIGATION SEAHON REPTS FOR XRAY 1115 AND 1117 ST AVOLD c) Ci Clements /# C RBH_{/0} GRAVES CAPT QUO MUMB DIV *3*4% 50 QUART CAPT BERT SAT 72947 293 GRS EUROPEAN

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CEMETERY A V D	lu is	* ///						DISPOSITION OF REMAINS
PLOT ROW	GRAVE	COUN	TRY					CAUSE OF DEATH
			SECTION B — COM		***************			
NAME AND ADDRESS ST. AV (184 ADM	LC,	The Market of the Sec.	()*CE**)	NAME	AND ADDRESS OF	NEXT OF KIN		
		***************************************	SECTION C — DISINTI		f			
NAME			SERIAL NUMBER	RANK	DATE OF DEATH		DAT	E DISTINTERRED
IDENTIFICATION TAC REMAINS MARKER	ON	ORGANIZATIO	A TANK MCJWA		RELIGION	IDENTIFICATIO)N VER	
			SECTION D — PREPARAT	ION OF REN	AINS FOR SHIPME	NT	***	NAME AND TITLE
NATURE OF BURIAL				CONDITIO	ON OF REMAINS			
OTHER MEANS OF IDE	NTIFICAT	TION						
MINOR DISCREPANCIE	S 1							
REMAINS PREPARED A	ND PLAC	ED IN CASKET					** , , **	
DATE								
CASKET SEALED BY				EMBALME	R (Signature)	egisere Migramitek Januari		
CASKET BOXED AND A	AARKED			SHIPPING	ADDRESS VERIFIED	BY		
	ertify t	that all the f bove is corre	oregoing operations we ct.	re condu	ted and accom	plished unde	r my	immediate supervision
I Prepare Disci	repanc)	v Report QM	C Form 1194a for majoi	discrepa		GRS INSPECTO)R	

G. R. & E. DIV.

OFFICE OF THE CHIEF QUARTERMASTER

H.Q. COM. ZONE, ETOUSA

TOOTH CHART

28 MARCH 1946 WOMETIN X-1115Ulik Initial UNK Unit Organization (LiOSETI MOV. 1944 UNKPlace of Death Cause of Death Right Left 8 7 2 6 MISSING Side views UPPER LOWER Side Views 16 15 13 12 11 9 10 11 13 15 16

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Signature of Officer or other person who prepared Tooth chart

Howard & Methods 2 and May

HOWARD E. MITEBOWER, 2nd Lt., INF.

GRAVES REGISTRATION FORM Nº 1-A

MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:	
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:	Gold crown 7 Porcelaincrown
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	Gold bridge
FILLINGS Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:	
CARIES (CAVITIES). Outline location and size of cavity, shade in thus;	Cavity Decayed 5

DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

REFORT OF INVESTIGATION AREA SEARCH

									Date)., 1 040
nan	E <u>[</u>	<u> </u>	1115	RA	uk <u>ur</u>	Killon.	A	lsn	ULLI	Ţ.
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				his line t the uni				i fina	ıl proce	essing,
SEC	TION	A GAN	erai (To	be comple	ted by	investiga	ators in	all	cases)	·
1.				ty acquir If s				ough	the sur	face
	a	nale		·	RANK_	· · · · · ·			SN	<u> </u>
	b.	ORGINÌ	LATION	<u>,, </u>	·			·-··	-	
2.				ication e m you bel					f so, s	state
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				Ventus or listin						
	Λ_{\bullet}	Date of	f above b	urials	1676	C	ommon Gi	raves	<u> </u>	
ц.	Del	oted	. <u></u>		. <u> </u>	 	·		 	
5•			ype of ce or Civili	meteryan)	Toli	Will the	AV.			· · · · · · · · · · · · · · · · · · ·
6.	i.ap	Coordi	nates of	the Cemet	ery		···			
	a.	Town			Co	untry				
7•	Giv	e exact	location	in cenet	ery of	the rema:	ins.			
	a.	Section	1		Pow	 		Gra	ive	
	ъ.	Is ske	tch attac	hed?					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
8.	If	If remains are not located in a cemetery, give exact location. MAP OF SUROPS 1-200000 Sheet								
	8.•						-	- · · -		
	ъ.	Is ske	tch attac	hed?	Y			·		<u> </u>
	c.	Is area	n mined?_	NO M		an mar	سن٧.سا	,		· · · · · · · · · · · · · · · · · · ·
9.	How	is the	grave ma	rked? UN	STATE KIND	* <u>40 & R</u>	IFLE PA	1881. <i>]</i>	LONGSE	na in c

10.	If grave is marked with cross, give the exact markings thereon
	a. From what source was this information obtained?(Identification tags, personal effects)
	b. By whom?
11.	Where are the cemetery records? <u>Marie</u> (Town hall, cemetery, burgermeister's office)
	. a. What information was obtained thereon?
	. b. Where was the information obtained?
	c. By whom?
12.	What is the date of death? Unbook
,	a. Give basis
13.	What is the cause of death? What is the cause of death?
	a. Give basis
14.	What is the date of burial? WHILD H
	a. Give basis
	What is the place of death? MAINTLL (Mas ILL) F. coords U-760652
	.a. Give basis GRAPEN MED APPACIED
	Where were the remains found annutures (Moserice) recoords n 760652
	c. By whom? M. A. ATHOMHOR, SHPP, HTHE HELOVAL PRANCE
	b. Is sketch attached? Y.S
17.	Was a casket used? NO Who furnished the casket?
-1-	
	Type of casket How marked?
18.	Who made the burial? Unificant (Civilian, American Lil or German Lil) a. What are the names and addresses?
	b. Are certificates and statements attached?
SECI	TION B - AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).
19.	Were remains found in the plane wreckage?
	a. Give location in plane from which the bodies were removed
	(Tail gunner, pilot, radio turret, etc., or front, side, of plane)
	b. Hear wreckage?
20.	Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom)
. ~	a. Type of plane

′	
21.	How did crash occur?Anti-aircraft_
	Enemy planes?Collision?
22.	Did plane explode in the air? On the ground?
23.	Did plane burn in the air?On the ground?
24.	What was the direction of the flight?
25.	A STATE OF THE STA
*:	the plane?
26.	Had bombs been released prior to the crash?
27.	Does specific time and date of crash correspond with the date of death of above named deseased?
28.	Number of planes in formation prior to crash
29.	State precise time and date of plane crash (Night?, Day?)
30.	Were parachutists seen? How many? Escaped?
	Prisoners?
SECT	TON C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a management of the Armored Force).
31.	Were remains found in wreckage of a tank?
	a. Give specific position in tank from which deceased was
	removed (Radio man, driver, asst driver orfront, side, or h
٠	b. Near wreokage?
32.	Location of destroyed tank be investigated. Give complete results of investigation. (If removed, state when and by whom
•	a. Type of tank
	b. Markings and/or name of tank
	c. Numbers on motors, machine guns, ammunition, instruments etc
33.	What was the type of enemy action that resulted in the tank disablement?
34.	Did tank explode? Burn?
35.	Number of tanks in immediate vicinity at time of disablement
36.	Does spec ific time and date of disablement correspond with date of death of above named deceased?

SECT	TION D - OTHER BRANCH (To be filled out if B & C are not applicable)
39.	Did death occur from any other means? (i.e., truck, jeep, mines, drowing, or small arms fire)
	If so, give complete and thorough results of the investigation!s
	<pre>interrogation. a. Are all certificates and statements of people who possessed knowledge of the case attached?</pre>
40.	State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased
	NOTE.
SECI	MION E - GENERAL (To be completed by investigation in all cases)
41.	Were personal effects recovered by the investigating team NO
	If not, state reason NCNE AVAILABLE
	a. Were identification tags found at the time of death? WINNOWN
	Where? By whom?
	Present disposition UKNOWN
	If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation abandoned.
	b. Were personal effects found at the time of death? UNKNOWN
	Where?By whom?
	Present disposition UNKNON
•	c. Was deceased identified by living members of the crew at the time of death?
	d. Did Cemetery register or cross indicate the immunization shot?
42.	Was deceased given first aid? mrunn If so, where?
	By whom? Are statements from the medical people
	attached?
43.	Was deceased evacuated to a German hospital?
	Where? Names of the people concerned
44.	Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased?
45.	Is it possible on surface investigation to obtain from civilian sources the condition of the remains? #6 (Burnt? Decapitated? etc.)
46.	Do facts surrounding death show any evidence that it might be an atrocity case? NO
	a. If so, give basis for positive assumption
	b. If so, has higher headquarters been notified?
47-	Was case previously investigated? NO By whom?
-	When?

⊦8 .	Give full names, addresses,	and information obtained fro	om each person
	interviewed	Action (marriages) Tables 4	#
	(SACOLOGICA) CONTRACTOR OF THE DAY THE		**************************************
. 19.	Are all positive statements surrounding death attached"	regarding identification and	i particulars
50.	Has any information been givoutside the immediate vicini	en concerning isolated buri	els in the crea
51.	Wes investigation proceded l	y edvenced publicity?	ў. У
	(If special investigation, a	tive case number)	
52.	Give brief narrative		
	(Use attache	ed sheets, if necessary)	
	Some	4 C (A	eely
Sigr	neture of Interpreter	Signature of Inves	tigotor
4.	∮. 3355		ACN ACN
Renl	c As	j Ronk"	ASN
	Organization	Organiza	Tem MES

i

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy of Report of Interment WD QMC Form 1042)

D.D. # 247 dated 19 Mar 47

		Unknown X = 1115
		Cemetery St. Avold, France
·		Plot PP Row 10 Grave 120
	essed : 5 Dec 47	
AUXIVIA SA GALAG	(Hour) (Date)	
Place of death		
	(Name of closest town)	(Coordinates and letter Prefix, maps)
(Sheet, se	rale and serials used)	
Remains record	XXr disinterred XX and re	Orocessed by Mobile Team #1, lst.Z
Evacuated to Cen	netery by	Name and againstitud
		(Name and organization)
Description of clo	thing and equipment: (if cloth	es do not fit, obtain size from body measurements
Item	Clothing	Todionts
	Markings Siz	Indicate unusual markings es color, wear, tear, repairs, etc.
* Headgear	None	•
Painant	(Type)	
	A CI16	
	17	
Nweater	None	
	None None	
Jacket, HBT	None None None	
Jacket, HBT	None None None	
Jacket, HBT' * Shirt, Wool OD	None None None Remnants of	
	None None None Remnants of None	
Jacket, HBT * Shirt, Wool OD Undershirt, Wool	None None None Remnants of None	

FEB 20 1948

Belt, web	N ón⊕			
Drawers, wool	None		NA. 1	
Drawers, cotton	None			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Leggings, wool	None	*		,,-,-, ,,,, u
Socks, cotton	None	1	Diving Comments of the Comment	.,,,,,,,,,,,,,,,,,,
* Shoes	None (type))))	
Overshoes				.,,
Web Equipment	None (type)			
(Other item)	N one			
(Other item)				
Chevrons or Insignia	None	ocation; shirt, jacket, coat, l	iclaret)	
Shoulder Patch	None			
Does clothing indicate that Description of Remains:	L. Radius L. Ulna	35.2 25.1 26.2		UTD
Age Height 5	Weight	UTD Description of	wounds	UTD
Bandages or dressings				
••	UPD (Name of	Tattoos		
Outstanding moles, warts				
			_	
Sunburn or tan, other tha	n hand and face	UTD		t
Complexion	(Light, media	UTD ım, dark, clear, pimples, po	cks, freckles)	**************************************
Build	(Large, fa	IFID t, thin, muscular)		
Hair(Co	-		or definite parting)	
HairBa	ildness, widows peak. di	UTD stinctive cutting or other c	haracteristics)	
	Mustache		Beard or UTD (Length, heavy	7)

6.

Goatee	(Light, color, extent)		The state of the s
Eyes	(Color, setting, shape)	Eyebrows .	(Color, bushiness, extent across nose)
Nose	UTD (Size, shape, straight)	Eears	(Size, set close to or far from head)
		_	
Mout h	(Large, medium, small)	Lips	(Small, large, full)
Teeth	See Tooth hart (White, size, uneveness, sp	acing, noticeable crows	us, fillings, extracts)
Chin	UTD	######################################	
	(Prominent, rec	eding, pointed, dimple	s, double)
Jaw(L	utto Circumfe	erence of head in	inches (Hat band)
3.7 ·	רידיונ	Larvny	(Prominent normal)
Neck	(Size, length, short, normal, wrinkled)	Laryna	(Prominent, normal)
Shoulders	UTD (Broad, straight, small, rounded)	Arms	uscular, color, extent and quantity of hair
	(Short, thick, long, slen	der, size of Knuckles,	missing fingers or joints)
	·	teristics of Angernails)	
Chest	(Size of nipples, color, quanti	ty and extent of hair	, large, smail, normal)
Waist	(Size of navel, appended	tomy, amount, quantity	, and color of hair)
Back	(Quantity and extent of hair)	Circumcision (Y	Pubic Hair Missing (Color)
Herniaplasty	UPD	(Yes-no; location)
Legs	(Inseam, muscular, knock-kneed,	bowed, normal, quanti	ity, color and extent of hair)
Feet	(Size, corns, callouses, flat)	Toes Tr	(Siender, straight, crooked, overlap)
Evidence of	, , , , , , , , , , , , , , , , , , ,	(Nose, artus,	

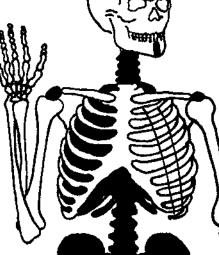
NOTE: Use attached charts "A" and "B" to indicate parts not received.

7	Have finger prints been puced on Report of Interme	nt? No	
•	. Have iniger prints been placed on respect of internet	(Yes-no)	•
	If not, explain Too desompo	5 e đ	unnahranda (dhiliba dhamana (abanda a l
8.	Has tooth chart been prepared? Yes 1f	not, explain	
9.	Remarks Remains received in mattress	cover in UK box.	No clothing
	on remains. Remains received in sk	eleton form. No 6	RB tags.
	Burial bottle found. Estimated wei	ght of remains : 7	pounds.
	Fluoroscopic Report : Negative.		
	I certify that I have personally viewed the remains of has been recorded to the best of my knowledge.	subject deceased and all resolutions to wood we will be subject to the subject to	
	· ·	(Officer's Name)
	e.	PT	QMC
		Rank	Service
		OPERATIONS OF	FICER
	h.a.e.	(Organizatio	

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I OH T

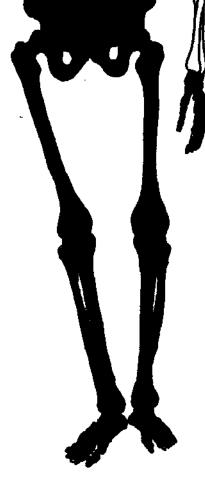


LEFT

HUMERUS - 35.2 cm

RADIUS - 25.1 em

ULNA - 26.2 cm



Est Height : 5' 7"

CHART

														5 T	ec 4'	7	
	Unkn	own X	- 13	115							Unk			Unk	Date	•	
		Last N	arne		Fire	t		Ini	tial		Ř	nnk			Serial No.		_
			Un	it .								0:	rganisa	tion.		<u> </u>	_
		Place	of Death				Date	of Dee	th					Cause of	Death		_
·		R	ight											Left			
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	•
	B	X	X	Ø	3	B	P	Ø	B	B	B	B			B	<i> </i> =]
Side views			Ž	\bigcirc	\bigcirc	\bigcirc	Δ	H		B	$ \bigcirc $	J	\bigcirc		a		
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VIEWS /	20	E		6	X)(V)(7	V	W	<u></u>)(E) (K	9	Œ	XEE	LOWER
Side Views	XY	CÂRIG			Ω	Ω		7	A	<u>D</u>	X	Ω	M			M	\$ 78.
	X	0	G F M	P	P	P	P	P	P	p	P	120	p	MAN	D 1 5 5 1	NG	\$75
	16	15	14	13	12	11 _	19	9 !	9 euw	10 ack	11	12	13	14	15	16	
•	This de	ental cha	art is	verv	impo	ortant	and	shor	uld b	a fill	ei be	writh	~	nt	mı.		

uld be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

IVOR J FOSMO 2nd Lt Inf CIP

WOODROW W WOLF QMC Oper Off Ivor J. Fosmo

Signature of Officer or other person who prepared Tooth chart

GRAVES REGISTRATION FORM Nº 1-A

MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"'d out and labeled, thus:	
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:	Gold crown 7 Porcelain crown
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	Gold bridge
FILLINGS. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:	Gold filling, Silver filling
CARIES (CAVITIES). Outline location and size of cavity, shade in thus:	Cavity Decayed O O O O

DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate recaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

Spaces :Fit of R-8 to pit of R-5 = 13mm.

Color = white ivory

pize = Average

alignment • good

. 049th GRAVES REGISTRATION COMPA FIRST MOBILE BIVOUAC UNIT

SUBJECT: Narrative report on an isolated grave.

On the 21 March 1946 while in the commune of Amanvillers Mr. A. Bineaude of Metz , in charge of a mine removal team, told us he located awo isolated graves in a nearby field. He took us to the fieldand we found one of the graves was one of the graves we had prevously located and reported on our area search certificate for St. Ail. The other about 1000 yards away was a shallow grave and is in the commune of Amanvillers. The grave appears to have two bodies from the amount of equiptment around. On one first aid packetis the name G. Landen 42064078.

Nothing is known about when and where by whom the graves were made as the village was evacuated during the battle and the area was heavly mined.

A true copy

Alexander of the

Ralph W. Sleator

Major Inf.

Third Field Command (AGRC)

Y.C. CHEELY Cpl. 3049th G.R. Co.

AGRC FORM No. 11 Revised 5 January 1946

CHECK LIST OF UNKNOWNS

(to be completely filled out and attached to each copy of Report of Interment WD QMC Form 1042)

			Cemetery	1115 St. Avold Rowl0	
1. Arrived at cemetery	1100 HOURS 28 1	MARCH 1946			
2. Place of death	(hour) (date) (NVILLERS (LOSE	LLE), FRANCE	U -7	60652	
MAP OF EUROPE 1:20	(name of closest town)		(cooruma	ten with tetter riesent min	F-7
3. Remains recovered o	r disinterred by	Sheet, scale and serials us PVT. DUDLEY E	ed: . MOSHER,	3049 QM G. R.	C.
4. Evacuated to Cemete	ry by 3049 Or GR	AVE HAGISTRAT)	name and organizati	ST FIBU on)	
5. Description of cloth surements).	ing and equipme	nt : (if clothes Clothir Markin	g	Indicate un	m body mea- usual markings ar, repairs, etc.
Item					
*Headgear (type)	,				
Raincoat	N				
Overcoat	N				
Jacket, Field		UTD (F	PIECES ONLY	* DISINTEGRA	TED)
Jacket, Combat					
Mackinaw	N				
Sweater	Ŋ				
Jacket, HBT	N	i mir			
*Shirt, Wool OD	N				
Undershirt, Wool		JTD (PIECE:	S ONLY - DI	(SINTEGRATED)	
Undershirt, Cotton					
Trousers HBT	<u>N</u>				
*Trousers, Wool OD	N				

	Belt, Web K							
	Drawers, Wool		. •••					,
	Drawers, Cotton							
	Leggins, Wool			(N	ote unusual	l lacing)		
	Socks, Cotton							••
	*Shoes (type)							
	Overshoes	I						
	Web Equipment (Type)	N						
	(Other item)	N.						
	(Other item) *If body is nude, sizes of these ite	X ems should	be comput			emains.		
6.	Chevrons or Insignia	(t ₂	ype & location :	shirt, jacket, co				
7.	Does clothing indicate that dece	eased was		of the Air	, Ground or	Naval Forc	es.	
8.	Description of Remains :							
	Age UTD Height UTD Weig	ght UTD	Description	on of woun	ds UTI	D		
	Bandages or dressings	UTD			, le	CD ength, width, loca	ition)	
	Outstanding miles, warts or be		cation — illustra	UTD		location)		
							-	
	Sunburn or tan, other than har	ıds & face	UT	D				
	Complexion	UTD (lis			pocks, freekles)			
	Build	2110111)					<u></u>
	Hair (cole	or, length, guan	UTD tity, curly, wav	y, straight, who	rls, or definite p	arting).		

lair	UTD 4.13			
		widows peak, distinctive cutting or	other characteristics),	
ideburns		Mustache		Board or UTD
	(color, setting, shape)	eolor,	size, slupe)	(length, heav
oatee	UTD			
	(light, color, extent)			
yes	UTD	Eyebrows	UTD	
v	(color, setting, shape)	,	(color, hushines:	s, extent across nose!
ose	UTD	Ears	עדט	
	(size, shape, straight)	2202.0	(size, set close to or	fur from head)
outh	UTD	I inc	UTD	
Outp.	(large, medium, small)	Lips	(small larg	e, full)
ONLY	THREE (3) TRETH LEFT	r with relains -	WHITE, TWO E	XTRACTED
eeth OWLL		, uneveness, spacing, noticeable cro		
	T7MT3			
hin	UTD	(prominent, receding, pointed, dimp	ole, double)	
	UTD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	INCHES
w	large, small, normal)	dircumference of head in	ı inches	
				(bat band)
eck	VTD	Larynx		JTD · . · . · . ·
	(size, length, short, normal, wrink	(led)	•	ominent, normal)
noulders	UTU	Arms	וט	
	(broad, straight, small, round	ded)	(length,	muscular, color)
	(extent and quantity of bair)			
, ,	UTD			
ands			m - 0.00	
	UTD			
ingers	(short, thi	ck, long, slender, size of knuckles,	missing fingers or join(s)	
	•	, . ,		
	((Unusual characteristics of fingernal	ils)	
nest	UTD			
		les, color, quantity & extent of hair		
ack	UTD	aist	UTD	
ACK	(quantity & extent of hair)	Will the state of	(size of navel, ap	pendectomy. amount)
	UI	in o	on UTD Pr	utd
	(quantity & color of hair)	Circumcisi	(yes-no)	ıbic hair (color)
	UTD			
erniaplasty	(yes-no; location)			
	timp.			
egs	UTD			

	Feet. UTD	Toes UTD	
	(size, corns, callouses, flat)	(slender, straight, crooked, overlap)	
	Evidence of healed factures	UTD (nose, arms, legs. etc.)	
		(nose, arms, legs, etc.)	
9.	Black out parts of body not received at ceme	etery :	
	trunk and lijb bones Incomplete		
			P
10.	Have fingerprints been placed on Report of	Interment NO (yes-no)	
	If not, explain BODY COMPLETELY DE	COMPOSED	,
11.	Has tooth chart been prepared. YES	If not, explain	
12.	Remarks: REMAINS, SCRAPS OF CLOTHI	NG AND FIRST AID PACKET BURIED IN SHALLOW	
	GRAVE. FIRST AID PAUKET MARKED "G.	LALDEN 42064073" AND IS ENCLOSED IN ENVEL	ŭPE
A	TTACHED. ONE PIECE OF THE FIELD JAC	KET SHELS TO HAVE SOLE SORT OF LARK IN REI	ANI
I	S ALSO ENCLOSED FOR EXALINATION.	SEE STATE ENT ATTACHED.	
	I certify that I have personally viewed the r has been recorded to the best of my know	remains of subject deceased and all resulting information ledge.	n
		HOWARD E. 1.ETZBOWER	
		2nd LT., INF Rank Service	
		3049 QM G. R. C.	
	·	Organization	
		-	

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WD QMC FORM 1042 (Rev. 1 Apr. 1915)		REPORT	OF INTERMEN	二		E OF REPORT	
(Supersedes GRS Form 1)			and AR 30-18		20	8 March	1946
Imprint Identification					<u> </u>		
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		White	Unknown	· 	*: *		
PLACE OF DEATH		CAUSE OF DEATH	a anui		DATE	OF DEATH	
Amanvallers (No	selle) Fra	ance Unkno	MIZ		E	st. Z Nov	7. 194
EMERGENCY ADDRESSEE (A	lame, relationship,	and address)		······································			
		Unknown					-
IDENTIFICATION TAGS FOU	ND ON BODY	IF NO TAGS FOUND ON BOD	Y, DESCRIBE MEANS	OF IDENTIFICATION (lf unidentified, j	III in section 5 c	HE PORTED)
None		.1	See section				
WERE SUBSTITUTE TAGE PR	MAIDEDILY at at the		SEC BELLTON	OH Leadled			
i de la companya de	Calendaria and an area	"			-		
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UST PERSONAL EFFECTS FO		ND DISPOSITION OF SAME					
		ND DISPOSITION OF SAME					
		ND DISPOSITION OF SAME				Sylvania angele	
None	şe.	· ·				. / (
None Section 2—BURIAL 17 +	lijor Han invode	iblished esmetery, furnish sk	etch and misseriard	linacès un cereces.			
None	lijor Han invode	iblished esmetery, furnish sk	etch and suspenderd	linaces un cereces.			
None Sedien 2—BURIAL 11 +1 NAME NUMBER COORDINA	Her Han Ingela	blished eametery, furnish sk N OF CEMETERY	0.260.6			· · · · · · · · · · · · · · · · · · ·	
None Sedim 2—BURIAL 11 +1 NAME NUMBER COORDINA	Her Han Ingela	blished cometery, furnish ek On of cemetery ST. AVOLD, FRANC	Q- 260-5	84 Type of grave	PIOT NO	DOME NO.	CDAVE NO.
None Section 2—BURIAL I/ or NAME NUMBER COORDINAT	Her than in eda TES, AND LOCATIO	ST. AVOLD, FRANCE	Q- 260-5	84	PLOT NO.	ROW No.	GRAVE No.
None Section 2—BURIAL II of NAME NUMBER COORDINAT DATE OF BURIAL 29 March 1946	Her Man Inveder TES, AND LOCATION JS MIL CEM HOUR 1600	ST. AVOID, FRANCE GURIED IN (Strong, Manual of Casket	E Q-260-5 or manner of editor)	84 Type of grave Marker Temporary Wooden Cross	PP	10	GRAVE No. 120
None Section 2.—BURIAL 11 ** NAME NUMBER COORDINAT U DATE OF BURIAL	Her Man Inveder TES, AND LOCATION JS MIL CEM HOUR 1600	ST. AVOID, FRANCE CASKet.	Q-260-5	84 Type of grave Marker Temporary Wooden Cross Sus cemetery, and b	PP	10	
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		INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in secondance with diagram below. Tooth chart will not be								
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and the second s	6		will be indicated in the control of	intad on th	14 14011 / /	1977 IN 98CC	raznea wiii	diagram be	ow. Tooth	hart will not be
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